

01/07/10 16:59:44 INCLUDE: OPEN
 po330-1s ONLY LATE: no

SUMTER COUNTY BOCC
 PURCHASE ORDERS STATUS

Page 1
 mstead

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53521 0	01/07/10	01/07/10	2603 BRIGHT HOUSE NETWORKS					
Line Description			JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt
1. POINT TO POINT CONNECTIVITY				1.00	.00	.00	1.00	9,315.00
			001-415-519-4100					9,315.00
			COMMUNICATION SERVICES					.00
*** TOTALS ***								9,315.00
53530 0	01/07/10	01/07/10	5183 LEESBURG REGIONAL MED CENTER					
Line Description			JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt
1. PATIENT#0926200255				1.00	.00	.00	1.00	1,892.22
			001-220-664-3406					1,892.22
			HEALTH CARE RESPONSIBILITY ACT					.00
*** TOTALS ***								1,892.22
*** GRAND TOTALS *** #PO's 2								11,207.22

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

53521

TO

Bright House Networks
PO Box 31335
Tampa FL 33631-3335
Vendor #2603

DATE December 29, 2009
DEPT. Information Technology
BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	415-519-4100	1	Point-to-Point Connectivity between Sumter County BOCC network located at 910 N Main St and DSM in Lakeland FL Blanket purchase order - Contract approved at 08.11.09 BOCC meeting. \$1035 monthly fee budgeted for 2010 expenditure <i>A change order is forthcoming from IT to decrease PO# 53520 which will allow sufficient funds for this PO. ☺</i>	9,315.00	9,315.00
TERMS:				TOTAL	9,315.00

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO:

AUTHORIZED BY:

**NOT ONLY ORIGINAL INVOICES
WILL BE CONSIDERED FOR PAYMENT**

DISTRIBUTION:

BLUE COPY - TO BOARD OF COUNTY COMMISSIONERS
WHITE COPY - TO VENDOR
CANARY COPY - TO DEPARTMENT HEAD
GREEN COPY - TO BOARD OF COUNTY COMMISSIONERS

THIS IS TO CERTIFY THAT THE ABOVE GOODS WERE RECEIVED AND THAT THEY WERE OF THE QUANTITY AND QUALITY ORDERED AND PAYMENT FOR SAME IS HEREBY APPROVED.

BY: DATE:

OFFICER OR DEPT. HEAD

- MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
- PLEASE SHOW OUR PURCHASE ORDER NUMBER ON ALL INVOICES
- EACH SHIPMENT MUST BE COVERED BY A SEPARATE INVOICE
- THE COUNTY OF SUMTER IS EXEMPT FROM STATE SALES AND USE TAX AND FEDERAL EXCISE TAXES. STATE SALES AND USE TAX CERTIFICATE NUMBER 85-801262366C-3.

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53530

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

January 4, 2010

Leesburg Regional Medical Center
PO Box 850001
Orlando, FL 32885

DATE _____
DEPT. Community Services
BY _____

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001-220-564-3406	(711)	3	Patient Control # 0926200255 Services Rendered 9/21/2009 to 9/26/2009 HCRA Case File # 09-10/ 003 W Taylor Applicable Medicaid Daily Reimbursement Rate: \$788.42 Applicable HCRA - 80% \$630.74 Number of Hospitalization Days 3 Inpatient Amount due from Sumter County	630.74	1,892.22
TERMS:				TOTAL	1,892.22

BOARD OF SUMTER COUNTY COMMISSIONERS

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